

FILED JAN 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40544

BIRTH NO. 81295-50		REG. DIST. NO. 144		PRIMARY REG. DIST. NO. 4234		Registrar's No. 64	
1. PLACE OF DEATH a. COUNTY IRON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY IRON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN IRONTON		c. LENGTH OF STAY (in this place) 4 HOURS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN IRONTON		d. STREET ADDRESS (If rural, give location) 815 RUSSELL	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Mary's of the Ozarks							
3. NAME OF DECEASED (Type or Print) MARY		a. (First)		b. (Middle)		c. (Last) SHOULTS	
4. DATE OF DEATH Dec 25, 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Dec 25, 1950		9. AGE (In years last birthday) 25		10. IF UNDER 1 YEAR Months 0 Days 0		11. IF UNDER 18 Hrs. Min. 48	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Ironton Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Roy ShoULTS		13b. MOTHER'S MAIDEN NAME MARY SEIB		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gevaldine Seib, Fredericktown, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute B. lateral Bronchial Pneumonia - Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital Cleft Palate + Star - slip - DUE TO (c) Pre-maturity - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 12/25/50 12/25/50 755X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 12/25, 1950, to 12/25, 1950, that I last saw the deceased alive on 12/25, 1950, and that death occurred at 1:45 P.M., from the causes and on the date stated above.							
23a. SIGNATURE R. E. Farland (Degree or title) M.D.		23b. ADDRESS Ironton, Mo.		23c. DATE SIGNED 12/26/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/26/50		24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.	
DATE REC'D BY LOCAL REG. Dec 27, 1950		REGISTRAR'S SIGNATURE Mrs. Aris Jones		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Sam DeJin Jr. Fredericktown, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 2 1951

DISTRICT HEALTH OFFICE No. 6

File No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed by me, or by _____

Student Embalmer No.

~~Working under my personal supervision.~~

Student

Student Embalmer

Signed Sam Sajin, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.